

Texas Immunization Stakeholder Working Group (TISWG)
J. Neils Thompson Commons Conference Center
10100 Burnet Road, Austin
Thursday, August 18, 2005, 9:00 a.m. – 3:00 p.m.

Participants

Carrie Kroll, Texas Pediatric Society; Jason Terk, MD, Texas Pediatric Society; Julia Kirby, Division of Early Childhood Intervention; Kim Roberson, Texas Pharmacy Association; Shelley Bjorkman, Health and Human Services Commission; David Janicek, Wyeth Pharmaceuticals; Gale Love, Texas Medical Association; Decrecia Robinson, Houston Department of Health and Human Services; Linda Linville, Texas Nurses Association; Kathy Moore, Texas Association of Local Health Officials; Kathy Dreyer, University of North Texas; Tom Cowan, Texas Education Agency.

Department of State Health Services (DSHS)

Jean Hanson, Texas Health Steps; Rebecca Herron, Governmental Affairs; Robin Scott, Facilitator.

Disease Prevention and Intervention (DPI)

Jack Sims, David Scott, Lupe M. Garcia, Claude Longoria, Karen Hess, Anita Freeman, Tim Hawkins, Victoria Brice, Susan Nunnery.

Welcome and Introduction of Staff, Members, and Facilitator

David Scott, Manager, Services and Data Coordination Group, welcomed all attendees. He introduced his group staff, other DSHS staff who assist with the TISWG meetings, and Ms. Robin Scott, Facilitator. All participants introduced themselves and the programs they represent.

Review of Minutes and Agenda

Ms. Scott briefly discussed the agenda items and the next steps from the last meeting minutes.

Updates From Last meeting's Next Steps

Medical Homes

A packet handout entitled, "Campaign promotes use of 'medical home'"* was provided to meeting members and staff. The following information was discussed:

- The campaign aim in not just at lower income families.
- Consumers, the majority being female, want convenience and quick access in the medical home.
- There are shared patients between doctors. Consumers do not understand what a medical home is or the benefits of them.
- Consumers also utilize multiple pharmacies for quickness and convenience, so pharmacists are not aware of other medications they may be taking.

Reminder/Recall

Ms. Anita Freeman discussed Texas Health Steps, which focuses on health communication.

*see handout

**Correction 10/05

The Immunization Branch may be able to work with Texas Health Steps to assist in sending the message regarding the importance of immunizations. For example, weekly email updates are provided to staff and providers, as well as monthly conference calls in which regional staff members are invited to attend. Health Steps has offered to include ImmTrac flyers in provider packets.

ImmTrac: Implementation since HB 1921 – Status of Medicaid Reporting*

Mr. Claude Longoria discussed the packet handout on ImmTrac related to HB 1921 concerning the status of Medicaid reporting. There has been a change in the way consent has been provided. Providers are now required to report ALL vaccinations, but that information will only be added to the records in which parents have given consent. There is an increase of the data being sent in. Reports are being matched up, but there are many questionable matches. Only verified matched entries are being kept.

Other Updates/Discussions

- Ms. Carrie Kroll discussed postnatal visits.
 - She reported that the OB/GYN Society is interested in how to educate women during prenatal visits on immunizations. The president and lobbyists are interested in attending future meetings to be a part of the discussion on this subject.
- ImmTrac staff members are currently working with the OB/GYN Society and physicians to get information to new mothers.
- Prenatal information - important to get medical home and pediatric care information to expectant parents.
- FluMist is safe for expectant mothers.
- Recently a sick adult in the room infected an infant with pertussis in the delivery room. The pertussis message is very important for prenatal visits.
- The Texas Pediatric Society is involved with educating physicians on the importance of ImmTrac.
- A user group is being planned for ImmTrac and users.
- Ms. Lupe M. Garcia discussed education.
 - A broad based, statewide education effort is being worked on, especially concentrating on areas of larger populations. There are grass roots efforts among communities. The upcoming ad campaign message will concentrate on vaccines building a child's health and will be run on radio and television.
- Mr. Jack Sims reported that influenza information is coming from the Center for Disease Control and Prevention in case of shortages of influenza vaccine this upcoming flu season. A DSHS workgroup has been formed to develop messages. The Texas Vaccine for Children physicians has ample vaccines. Shipments begin September 8, 2005.

ACTION ITEM:

Carrie Kroll will provide the name of a guest from the OB/GYN Society to Vivian Harris for a member to attend a future meeting to discuss Pre/Postnatal topics.

Category B: Provider Education

(Handout: TISWG Previously Identified Immunization Issues and Barrier Categories.)*

*see handout

**Correction 10/05

The following information and suggestions were discussed concerning improving provider education:

Pharmacy

- Focus on adults and flu campaign. Some regional public health facilities providing pediatric services.
- School of Pharmacy curriculum 5th or 6th year
 - Include the University of Houston, Texas State University, and University of Texas Pharmacy Students
 - Develop a certified elective course
 - 3 tier approach:
 - Focus on Awareness
 - Target clinics and other providers
 - Discuss the topic of providing immunization
- Retail chains or grocers should also be included for education.
- Can also include independent pharmacies.
- Follow up on the certified elective course at regional and state meetings.

Pediatricians

- New information is needed regarding shortages and new vaccines
- Some only receive education and updates through **PPI**, and pharmacy representatives, and others such as subject matter experts.
- *Raising Immunizations Thru Education, RITE (modeled after the Educating Physicians In Practice, EPIC) Program* in Houston studies best practices for office visits.
- *Be Wise Campaign* for reminder/recall by the TMA in Houston and Dallas.
- Annual meetings –Immunization Forums with exhibits including ImmTrac information and training. Newsletters and web information for pediatricians.

Texas Vaccines for Children (TVFC)

- TVFC staff members are training all new providers.
- Regions and locals provide training to local providers.
- Notifications go to TVFC providers when there are changes.
- The TVFC Provider Toolkit was developed for training and reference.
- DSHS has a contract with Texas Medical Foundation (TMF). TMF conduct site visits with physicians. The following points are discussed.
 - Vaccine safety
 - Various practices
 - Storage and security (Alarm systems can be purchased.)
 - Coverage level using CASA software
 - General recommendations

Trainings

- DSHS receives and provides training to staff via CDC satellite broadcasts. Web-casts and downlinks are also available.
- Quarterly Epi-Vac training is offered, as well as two to three annual updates. Immunization nurses, administrative and immunization staff mostly participate in these clinical trainings.

ImmTrac

- ImmTrac staff participate in TVFC sessions.
- There is an opportunity for Immunization Branch to train local and regional staff and providers about ImmTrac and other issues.
- ImmTrac staff also present at various conferences.

Texas Health-Steps

- Conduct forums including ImmTrac issues at least once yearly to providers as well as consumers.

Texas Nurses Association

- Conduct the Pediatric Assessment Course for Nurses.
 - Registered nurses, who wish to provide the THSteps medical check-ups, must have additional assessment training. **
 - Course offered 4 times per year.
- Contribute articles to the Medicaid Bulletin newsletter.

Wyeth Pharmaceuticals

- Pilot project – telephone call back system by 3rd party.
- Other manufacturers conduct the following:
 - Presentations
 - Office visits
 - Immunization program visits
 - Conference calls with questions and answers

Texas Medical Foundation

- Provide adult vaccine education.
- Flu and pneumococcal education.
- Print and distribute materials.

Vaccine Safety Concerns

- Targeting consumers.
- Book about mercury in vaccines.
- Grassroots/local media awareness campaign.
- DSHS and the American Pediatrics Society provide information regarding mercury to clients/parents.

Texas Education Agency

- School initiatives.
- CPS/foster kids education.
- Not much interaction with provider's.
- New Hepatitis A and PCV7 requirements.
- There are issues/concerns about reaching home-schooled children.

Additional Issues of Concern

- Myths concerning vaccine safety.
- Lack of interpersonal and communication skills with parents.
- We need the Grassroots efforts on our side .
- Use information sheets that would be free on websites in multiple languages.

*see handout

**Correction 10/05

- Physicians lack knowledge regarding patient culture. (Cultural Competency?)
- Doctor office staff – staff have an impact on parent decisions. Nurses should note concerns of patients/parents and give heads-up to physicians. How staff responds is a big factor. They must communicate to parents on their same level.

Ideas and Strategies for Improving Provider Education

- “Scripts” for providers and staff who address patient concerns about immunizations. Address issues at their level not the academic line.
- Develop communication skills training for providers and staff.
 - Interactive video
 - Live courses
 - On-line training
 - Epi-Vac possibly
 - Myth Busters - Frequently Asked Questions - 6th grade level for staff
- Improve “waiting room” skills.
- Educate new staff on communications with families regarding immunization issues.
- Clinical questions should go to clinical staff. Have information sharing.
- Develop curriculum on customer service and communications of office staff, offer at trade and technical schools, and community colleges.
- Consumer/customer Communication skills:
- Educate physicians to address age appropriate issues.
- Develop those skills.

Next Steps for Provider Education

- Help develop curriculum for providers regarding effective responses to immunization concerns.
- Contact Texas Workforce Commission regarding modules for training schools.
- Reach providers at association meetings.
- Consider research/benchmark current curricula and communication in general.
- Explore partnership with drug representatives. Consider an Ad Hoc subgroup to work on this issue.
- Review early information given at birthing centers for questions to providers.
- Offer Nurse CEU’s.
- Birthing packets – a leaflet is being prepared to touch on many details.
- This subject may be revisited at a future meeting.

ACTION ITEMS:

October TISWG Meeting

- Dr. Terk will get with the American Pediatric Society to see if they are currently developing these tools.
- DSHS will talk with drug representatives about them assisting with education of vaccines.
- TISWG members will provide list of their commitments for improving provider education to Vivian Harris and CC Jack Sims in one week following posting of these minutes.

Presentation: TISWG Accomplishments in FY 2005 *

Mr. David Scott referenced and discussed the packet handout entitled “TISWG Accomplishments 2004-2005”.

*see handout

**Correction 10/05

Presentation: Recognitions and Group Photos

Mr. David Scott and Mr. Jack Sims acknowledged the members and their respective organization. Each was given a certificate of appreciation.

Ms. Robin Scott, facilitator, was given a certificate and “Star” award for her work with the workgroup. Several group pictures were taken. Copies of these pictures will be shared on the DSHS Immunization website. <http://www.dshs.state.tx.us/news/events/tiswg/pages/group3.htm>.

Planning for FY 2006

- Next Meeting – October 2005
- Review formal charge.
- The handout “Charge” is posted on the immunization website. There was a change when *Adolescents* was added to be included along with children in Objective 1. There was no objection to the change.
- The category list entitled “Immunization Issues and Categories for TISWG” was reviewed. Each section was discussed, the action decisions are listed:
 - Section B – Add next steps and continue on this topic
 - Section D – Change name to Targeted Consumer Outreach) (The bullet: Texas has poor adult vaccine rates was moved to the parking lot.
 - Section E – The bullet: Registry opt-out versus opt-in was moved to the parking lot. The bullet: Adults over 18 remain in registry was moved to the parking lot.
 - Section G - Within the bullet: TVFC reimbursement and participation, use of the word reimbursement was moved to the parking lot.
 - Section I – The bullet ERISA plans was moved to the parking lot.
 - Jack Sims distributed and discussed a handout from the National Immunization Survey, 2004. He shared the Texas CDC National Immunization Survey data from 2004.

Other Topics

Fourth DTAP

- Some providers do not provide 15 and 18-month check-up (AAP periodicity).
- Work with HHSC on health plans contracts and monitoring.
- Who monitors to ensure Texas Health Steps visits occur on time?
- Accelerated immunization schedule.
- Monitor whether Medicaid children’s benefits may end.

Overall Goals for Year

- Promote adolescent vaccination.
- Increase 4th DTAP coverage.
- Complete original category list.
- Evaluate progress on categories.
- Resources – membership - Involve TAFP for adolescent issue.
- Promote education and marketing of ImmTrac.
- Collaborate with OB/GYN to enhance maternal Flu vaccination coverage.

*see handout

**Correction 10/05

Statement of Intent

- Focus on early education (pre-natal).
- Involve FQHC's (rural clinics).

Next Steps and Next Meeting Agenda

- Provider education
 - Members send commitments to Vivian Harris 1 week minutes are received
- Category G – TVFC
- Invite OB/GYN representatives
- Short overview of new vaccine requirements (20 min) Dr. Levy
- Medical home workgroup update

Meeting Evaluation

Positive Points

- Accomplishments
- Facility, Good facility
- Robin's "Star" award
- Certificates

Negative Points

- Attendance was low

Adjourn

The meeting was adjourned at 3:00 p.m.